

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
BROKEN ARROW INC

PROJECT NAME
SKULL VALLEY

PROJECT ID
M450063

DUE DATE
07/31/2006

ANNUAL FEE
\$1,000

AMOUNT DUE
\$1,000

<input type="checkbox"/> FEE NOT ENCLOSED
Request inspection to close permit (site/bond release application attached).

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

Change of Address	
Contact	_____
Address	_____
RECEIVED	
JAN 26 2007	
E-Mail Address	DIV. OF OIL, GAS & MINING
State	_____
Zip	_____
Phone	_____

Please make check payable to:
Division of Oil, Gas and Mining